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Adult attachment, psychological distress and help-seeking in university students: Findings from a cross-sectional online survey in England

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Title: Adult attachment, psychological distress and help-seeking in university students:

Findings from a cross-sectional online survey in England

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Findings from a cross-sectional online survey in England

Abstract

We examine psychological distress and mental health help-seeking in UK university students via an online survey of 461 students, of whom 273 reported having psychological distress. We examined the prevalence and predictors of help-seeking in students with psychological distress, with a focus on the role of adult attachment styles along with social support and perceived stigma. Overall, 22% of the sample reported severe psychological distress and 37% reported mild/moderate psychological distress. Of students reporting severe psychological distress, 58% sought help in the past year and 30% were receiving counselling or therapy. In the group with mild/moderate psychological distress, 30% reported help-seeking and 17% were receiving counselling or therapy. For students with psychological distress, being older, having more psychological distress, and higher anxious attachment predicted mental health help-seeking. Social support and perceived mental health stigma did not predict help-seeking in the regression model. There was some evidence that the relationship between avoidant attachment style and help-seeking may depend on level of psychological distress experienced (moderating role). Overall, the results point to considerable unmet mental health needs in the UK university environment. Targeted strategies to promote mental health help-seeking in younger students may be beneficial.

Keywords: Help-seeking, mental health, attachment, students, psychological distress

Adult attachment, psychological distress and help-seeking in university students:

Findings from a cross-sectional online survey in England

1. Introduction

Mental health problems are prevalent in university student populations and yet relatively low numbers of students access mental health services or treatments (Benton et al., 2003; Eisenberg et al., 2012; Hunt and Eisenberg, 2010). Surveys in the United Kingdom (UK) and Germany suggest 20 to 30% of university students experience clinical levels of psychological distress indicating likely mental health difficulties (Bewick et al., 2008; Kreß et al., 2015). With most mental health disorders emerging in late adolescence (Kessler et al., 2005), university students are an at-risk population potentially in need of mental health support. This population is characterised by important, life-changing transitions (moving away from home, friends, family) and new potential stressors (academic pressures and relational challenges). Research examining determinants of mental health help-seeking behaviours in university students is needed to ensure emotional health needs are being met at this critical time. We examined the prevalence and predictors of help-seeking in students with psychological distress, with a focus on the role of adult attachment styles along with social support and perceived stigma.

1.1 Mental health help-seeking in students

A recent review of mental health help-seeking in young people (including students) highlighted a clear need for further research in this area, but identified stigma and a preference for self-reliance as barriers to help-seeking while positive past experiences and social support were potential facilitators (Gulliver et al., 2010). In the general population, males and younger people are less likely to seek help for common mental health problems than females or older people (Oliver et al., 2005).

A small body of research has focused on mental health help-seeking intentions and behaviours specifically in university students. Predictors of a reluctant attitude towards help-seeking include being male, stigma and a lack of emotional openness (Komiya et al., 2000). In terms of help-seeking behaviours, male students and students of non-white ethnic backgrounds are less likely to seek help for mental health needs (Morgan et al., 2003). In university student populations, there is some evidence that personal stigma (personal attitudes towards mental health) is associated with help-seeking intentions and behaviour, whereas perceived public stigma is not (Eisenberg et al., 2009; Golberstein et al., 2008; Lally et al., 2013). A recent review of both clinical and non-clinical studies (including student samples) concluded that mental health-related stigma had a small to moderate negative effect on help-seeking for mental health problems (Clement et al., 2015). Guided by this research, in the present study we examine age, gender, perceived stigma and social support as potential predictors of help-seeking behaviour.

1.2 Adult attachment styles and help-seeking

Insecure adult attachment styles influence views of the self and others, and may thus affect willingness to seek help (anxious attachment style – negative view of self and positive view of others; avoidant attachment style – positive view of self and negative view of others). Adult avoidant attachment style has been described as a compulsive self-reliance and a tendency to devalue the importance of others so as not to rely on others for help, whereas adult anxious attachment style has been described as a strong need for closeness, and a tendency to overreact to distressing events in order to elicit increased attention and help (Mikulincer et al., 2003). These conceptualisations suggest that avoidant attachment style may deter help-seeking and anxious attachment style may facilitate help-seeking.

Avoidant attachment style in students has been found to inhibit help-seeking from health professionals for illness (Feeney & Ryan, 1994). Students with high avoidant

attachment are less willing to seek help for psychological issues than those with low avoidant attachment (Lopez et al., 1998), whereas anxious attachment style in students directly and positively predicts intentions to seek counselling (Cheng et al., 2015). A study of adult attachment styles and help-seeking intent in US college students found those with an anxious attachment style were more likely to acknowledge their psychological distress and intend to seek help, whereas those with avoidant attachment style denied their distress and expressed a reluctance to seek help (Vogel & Wei, 2005). Furthermore, students with anxious or avoidant attachment styles perceived less social support, which in turn was associated with higher psychological distress and intentions to seek help. Thus, individuals with high avoidant attachment and a reluctance to seek help may, nonetheless, intend to seek professional help in circumstances of elevated psychological distress. Help-seeking may be influenced by attachment style, a person's belief that they have a problem, and that there is inadequate social support to deal with the problem (Barker, 2007; Camara et al., 2017). The impact of adult attachment styles on help-seeking *behaviour* (rather than intentions) in students with psychological distress is less clear, but may have important implications for help-seeking at university and how institutions can support this.

1.3 The present study

Limited research has examined factors associated with mental health help-seeking in UK university students; such research has been based primarily in North America (excepting Lally et al., 2013 – Ireland). Currently in the UK, students can generally access limited free counselling through on-site university mental health services (though this tends to be for milder and/or less complex difficulties). It is also acknowledged that Child and Adolescent Mental Health Services in England are in a state of crisis, with transitions to adult services described as poor and students at risk of 'falling through the gaps' (Singh et al., 2010).

The present study offers a timely examination of psychological distress and mental health help-seeking utilising a cross-sectional survey of UK university students. We focus on potential factors associated with help-seeking in the extant literature, with a particular focus on the role of avoidant and anxious adult attachment styles. We compare help-seeking behaviour in students with differing levels of psychological distress, to better understand the mental health needs of this population and potentially inform support provision. There have been calls for further research examining help-seeking behaviours (rather than intentions) and also predictors of help-seeking in clinically distressed samples (e.g. utilising clinical cut-offs for symptom measures) (Eisenberg et al., 2007; Gulliver et al., 2012; Vogel et al., 2007). Specifically, our aims are to 1) compare help-seeking behaviour in the past 12 months in students experiencing psychological distress (mild to moderate versus severe) and 2) examine anxious and avoidant adult attachment styles, along with social support and perceived stigma, as individual predictors of mental health help-seeking in students experiencing psychological distress.

2. Method

2.1 Data collection

This study draws on data from an online survey examining risk and resilience factors for social and emotional wellbeing in students attending a public university in the North East of England (student population approx. 17,500). Ethical approval was obtained from the participating institution and respondents provided informed consent. The survey was open to all students registered at the university between 1 February and 21 March 2016. Students were recruited through a number of targeted strategies: emails via the university's Students' Union (received by 7,000 students); advertising through social media and leaflets; offering

undergraduate psychology students course credits for participation; and undergraduate student researchers approaching potential participants.

2.2 Participants

By the end of the seven-week recruitment period, 549 students had consented and completed all or part of the survey. As 49 students did not progress beyond the questions on demographics and student status, they were excluded from the sample. There was no significant difference between the 49 participants who did not proceed past the demographics questions and the rest of the respondents in terms of age ($F(1, 547) = .47, p = .49$) or gender ($\chi^2(549) = 0.70, p = .85$). A further 39 students were also excluded from the analysis as they did not complete all the survey measures relevant to the current study, and were also not significantly different in age ($F(1, 498) = .07, p = .79$) or gender ($\chi^2(500) = 1.39, p = .28$). Thus, full data was available for 461 students.

The current study focused on the subsample of students who reported experiencing mild/moderate or severe psychological distress ($N = 273$). There were 188 students (40.8%) with scores indicating no or low psychological distress who were excluded from further analysis (given the focus on help-seeking for psychological distress).

2.3 Measures

2.3.1 Sociodemographic and student variables. Students reported their age, gender, primary language and parental socioeconomic status. Additional questions related to student status (undergraduate/postgraduate, international/home), department of study, if they moved away from home for their studies and employment status while studying.

2.3.2 Help-seeking. Students completed three yes/no questions related to help-seeking for health concerns, previously used in the Adult Psychiatric Morbidity Survey conducted in

England (Mc Manus et al., 2009). These questions relate to formal help-seeking for services and treatments accessed through General Practitioners (GPs):

1. In the past 12 months, have you spoken to a GP or family doctor on your own behalf, either in person or on the telephone about a physical illness or complaint?
2. In the past 12 months, have you spoken to a GP or family doctor on your own behalf, either in person or on the telephone about being anxious or depressed or about a mental, nervous, or emotional problem?
3. Are you currently having any counselling or therapy for a mental, nervous, or emotional problem, e.g., at home, at a doctor's surgery, at a health centre, hospital, or clinic?

2.3.3 Psychological distress. The Kessler 6 (K6) was used as a brief measure of current psychological distress (Kessler et al., 2002). The measure has six items about how often the respondent experienced negative feelings (e.g. nervousness, hopelessness) over the previous 30 days (0 'none of the time' to 4 'all of the time'). Scores range between 0 to 24 and scores of 13 or more indicate severe psychological distress and likely mental health problems (Kessler et al. 2003). The scale has excellent internal reliability ($\alpha = 0.89$) (Kessler et al., 2002) and clinical validity, with a total classification accuracy of 0.92 at a cut-point ≥ 13 (Kessler et al., 2002). In addition to the severe psychological distress group ($K6 \geq 13$), for the present study we used an additional category of mild to moderate psychological distress, K6 between 7-12 (Kessler et al., 2003; Pirraglia et al., 2011). Continuous scores from the K6 are used in the regression and correlation analyses.

2.3.4 Adult attachment style. The Revised Adult Attachment Scale (Collins, 1996) was used to assess anxious and avoidant adult attachment styles. It comprises 18 items about how an individual might feel about close relationships in their life (1 'not very characteristic of me'

to 5 ‘very characteristic of me’). Subscales provide scores for attachment-related anxiety (6-items, score range 6 to 30) and attachment-related avoidance (12-items, score range 12 to 60). The scale has demonstrated good reliability and excellent validity (Ravitz et al., 2010).

2.3.5 Social support. The Multidimensional Scale of Social Support assesses social support from significant others, family and friends (Zimet et al., 1988). We used the Total Social Support score. Respondents indicate the extent to which they agree with 12 statements about available social support on a seven-point scale (‘very strongly disagree’ to ‘very strongly agree’). Higher scores indicate more social support. The scale has good internal reliability, and factorial validity has been demonstrated in adolescent and student samples (Clara et al., 2003; Zimet et al., 1990).

2.3.6 Current adversity. The List of Threatening Experiences-Q (Brugha & Cragg, 1990) was used as an index of current adversity. In this 12-item questionnaire, respondents indicate whether they have experienced specific stressful life events in the past 12 months (e.g. death of a close family member, relationship breakdown). The number of adverse life events reported are summed to give a total score (from 0 to 12) (Cuijpers et al., 2005). The questionnaire was found to have good test-retest reliability and convergent validity in clinical samples (Brugha & Cragg, 1990; Motrico et al., 2013).

2.3.7 Perceived public mental health stigma. The Discrimination-Devaluation scale (Link, 1987) was used as a measure of perceived public stigma towards mental health. It comprises 12 questions (e.g. ‘most people think less of a person who has received mental health services’). The degree to which the respondent agrees with these statements is rated on a five-point scale (‘strongly agree’ to ‘strongly disagree’). The scale has been well validated and has been shown to have good internal reliability in clinical and student samples (Link et al., 1991; Vogel et al., 2007).

2.4 Analysis

The full sample ($N = 461$) was split into subgroups according to K6 scores: students with no or low psychological distress were excluded from all subsequent analyses, thus the final sample size of the purposes of this study was 273 (mild to moderate psychological distress $n = 171$, severe psychological distress $n = 102$). This approach of exploring mental health help-seeking only in those with an indicated (or perceived) need is consistent with conceptual models of staged help-seeking, whereby individuals first perceive a need for help, and then act on that perception by accessing help and services (Eisenberg et al., 2007). We therefore examined predictors of help-seeking behaviour in those with symptoms of psychological distress (i.e. a perceived need for care).

Sociodemographic and student status data are presented and group scores on the psychological variables are compared (percentages, M , SD , one-way ANOVAs). Level of psychological distress (mild/moderate, severe) and help-seeking rates (physical health, mental health and current support) were compared using chi-squared analyses.

Correlates of mental-health help-seeking (help-seeking question 2) were examined. Binary logistic regression (enter method) was used to examine factors that independently predicted mental health help-seeking (with no help-seeking as the reference category) for the students with psychological distress. The first step of the regression model included demographic variables (age, gender), and psychological distress (as a continuous variable) and current adversity (as these variables differed by psychological distress subgroup). The psychological variables thought to be associated with mental health help-seeking were added in the second step (anxious attachment style, avoidant attachment style, social support and perceived stigma). Multicollinearity checks were run on all predictor variables included in the models.

3. Results

3.1 Psychological distress

The full sample was categorised by K6 scores with 37.1% ($n = 171$) of students in the mild/moderate psychological distress group and 22.1% ($n = 102$) of students in the severe psychological distress group. As stated, the remaining students with no or low psychological distress (40.8%, $n = 188$) were not included in subsequent analyses.

The demographic characteristics of the two distress subgroups were similar, with the majority of students being female (mild/moderate group 81.9%, severe group 85.3%), reporting primary earners (i.e. parents) in management or professional occupations (mild/moderate group 73.7%, severe group 67.6%) and with higher education qualifications (mild/moderate group 63.7%, severe group 66.7%). The majority of the severe subgroup reported English as their primary language (92.0%), with fewer in the mild/moderate subgroup (77.2%). Most students had moved away from home to study at university (mild/moderate group 90.1%, severe group 94.1%) and a minority worked whilst studying (mild/moderate group 33.9%, severe group 28.4%). International students accounted for 26.9% of the mild/moderate subgroup and 15.7% of the severe subgroup.

The scores of the two psychological distress subgroups on the key variables (psychological distress, attachment styles, social support, current adversity and perceived stigma) are compared in Table 1. The severe distress subgroup had significantly higher anxious attachment style ($p < .001$), avoidant attachment style ($p = .001$), current adversity ($p = .008$) and perceived stigma scores ($p = .002$), and significantly lower social support ($p < .001$). The two psychological distress subgroups did not differ significantly in age ($p = .293$).

3.2 Help-seeking

In the past year, 62.9% of students with psychological distress ($n = 273$) had sought help for a physical health complaint, whereas 40.3% had sought help for mental health concerns and 22.0% were receiving counselling or therapy. The percentage of students (split by psychological distress subgroups) who had sought help in the last 12 months for physical health or mental health or were currently receiving counselling or therapy are given in Table 2. Help-seeking rates were higher in the severe distress group for physical complaints, mental health problems and current counselling. Chi-squared analyses (Table 2) indicate significant associations between psychological distress and mental health help-seeking, along with psychological distress and receiving counselling or therapy (effect size larger for the former association). There was no significant association between level of psychological distress and physical health help-seeking.

3.3 Correlates of mental health help-seeking

The point biserial correlations between mental health help-seeking and the psychological variables are given in Table 3. There were significant positive correlations between help-seeking and psychological distress ($p < .001$), and help-seeking and anxious attachment style ($p = .001$). For the demographic variables, age was significantly correlated with help-seeking ($r_{pb} = .19, p = .002$) but gender was not correlated with help-seeking ($r_{pb} = .11, p = .068$).

The correlations between help-seeking and the psychological variables for the severe distress and mild/moderate distress subgroups were also examined. In the severe distress subgroup help-seeking was significantly and positively associated with psychological distress ($r_{pb} = .21, p = .038$), anxious attachment style ($r_{pb} = .36, p < .001$) and avoidant attachment style ($r_{pb} = .25, p = .010$). Interestingly, only avoidant attachment style was significantly

(and negatively) correlated with help-seeking in the mild/moderate psychological distress subgroup ($r_{pb} = -.20, p = .009$).

For demographic variables, age was significantly correlated with help-seeking in the mild/moderate ($r_{pb} = .16, p = .037$) and the severe distress subgroups ($r_{pb} = .20, p = .044$). Gender (being female) was significantly correlated with help-seeking in the mild/moderate distress group ($r_{pb} = .21, p = .007$) but not in the severe distress group ($r_{pb} = -.07, p = .459$).

3.4 Predictors of mental health help-seeking

Concurrent predictors of mental health help-seeking for students with psychological distress ($n = 273$) were examined using a logistic regression (Table 4). Variables entered in step 1 were age, gender, psychological distress and current adversity. The model was significant at step 1 (Nagelkerke $R^2 = 0.19$, model $\chi^2(4) = 40.48, p < 0.001$). Being older ($p = .003$) and having more psychological distress ($p < .001$) significantly predicted help-seeking in students with psychological distress.

The psychological variables of interest were entered in step 2: anxious attachment style, avoidant attachment style, social support and perceived stigma. The model was significant in step 2 (Nagelkerke $R^2 = 0.23$, model $\chi^2(8) = 51.07, p < .001$). Significant predictors of mental health help-seeking were age (being older; $p < .001$), higher psychological distress ($p < .001$) and higher anxious attachment ($p = .003$). Avoidant attachment style, social support and perceived stigma were not significant in the second step of the model.

Given the differing directions of the correlations between avoidant attachment style and help-seeking in the severe versus mild/moderate psychological distress groups, a final (posthoc) step of the regression model included the interaction between avoidant attachment style and psychological distress. (Nagelkerke $R^2 = 0.22$, model $\chi^2(9) = 66.36, p < .001$). The

interaction between avoidant attachment style and psychological distress on help-seeking was significant (exp $b = 1.02$, 95% CI = 1.02 - 1.03, $p < .001$), along with age, psychological distress, anxious attachment style and avoidant attachment style. This points to a potential moderating effect of level of psychological distress on the relationship between avoidant attachment style and help-seeking, which requires further probing in future research.

4. Discussion

This study examined the prevalence and predictors of help-seeking for mental health difficulties in a UK sample of university students. More than one third of the sample reported mild to moderate psychological distress. Just over one in five students reported severe psychological distress indicative of serious mental illness. This is consistent with the rate of serious mental illness (19%) found in a large survey of Australian university students also using the Kessler measure (Stallman, 2010). A survey of UK students, utilising a non-comparable measure, reported 29% to have clinically significant psychological distress, with 8% in the moderately severe to severe category (Bewick et al., 2008).

Of those with mild to moderate psychological distress, 30% had sought help for mental or emotional health needs (via primary care) in the last 12 months and 17% were currently receiving support. By comparison, 58% of those with severe psychological distress had sought mental health support in the last 12 months and 30% were currently in receipt of some form of psychological therapy. Thus, in line with previous research, less than a third of students with severe psychological distress were currently in receipt of formal psychological support (Hunt & Eisenberg, 2010; Eisenberg et al., 2007) – indicating considerable unmet need.

Gender did not predict help-seeking for students with psychological distress (but note the small number of male respondents). Being older was associated with help-seeking.

Previous research in UK community samples also suggests younger people are less likely to seek help for mental health difficulties (Oliver et al., 2005). This is a pertinent finding for university populations, suggesting the need for targeted measures to encourage help-seeking in their younger cohorts, such as peer-led support interventions. App-based support interventions, which can be accessed remotely and privately, could also have a useful role to play in the university environment (Burns et al., 2016; Kauer et al., 2017).

Perceived public stigma was not found to be associated with help-seeking behaviour. Recent research has indicated that *personal* stigma rather than *public* stigma (i.e. personal attitudes towards mental health rather than the perceived attitudes of other people/the public) influences help-seeking intentions and behaviour (Eisenberg et al., 2009; Lally et al., 2013; Schnyder et al., 2017). This also suggests that personalised/targeted approaches to encouraging mental health help-seeking may prove more effective than global anti-stigma campaigns (ubiquitous on university campuses).

Adult attachment style was found to play a significant but somewhat complex role in help-seeking behaviour. In students with severe psychological distress, higher anxious attachment and higher avoidant attachment were correlated with help-seeking. In students with mild/moderate psychological distress, the direction of the association between avoidant attachment style and help-seeking was reversed (with lower avoidant attachment correlated with help-seeking). Regression analysis found that anxious attachment style predicted help-seeking in students with psychological distress. Further analysis suggested a moderating role for level of psychological distress on the relationship between avoidant attachment style and help-seeking.

Previous research on adult attachment styles and help-seeking indicates that an avoidant attachment style inhibits help-seeking whereas an anxious attachment style

facilitates help-seeking, consistent with negative other- versus self-perceptions or preferences for self-reliance versus a need for closeness (Cheng et al., 2015; Feeney & Ryan, 1994; Lopez et al., 1998). Our findings also indicate that an anxious attachment style predicts help-seeking behaviour but that the role of avoidant attachment styles may be more complex and possibly depend on level of psychological distress (e.g. at higher levels of psychological distress, both attachment-related anxiety and avoidance are associated with help-seeking but when psychological distress is less severe, attachment-related avoidance may discourage help-seeking behaviour in line with traditional models.; see also Vogel & Wei, 2005). Note that unlike Vogel and Wei (2005) however, we did not find that level of social support played a role in predicting help-seeking.

4.1 Limitations

The sample was predominantly white British, female psychology students, due in part to the pragmatic participant recruitment strategy. This must be kept in mind when interpreting and generalising the findings. The help-seeking questions included in the study were limited due to concerns about overall survey length. They focus on help-seeking initiation via GPs, thus information was not available on help-seeking through other sources (e.g. voluntary organisations), or the duration or specific type of help sought. Future research could usefully examine help-seeking in more detail in this population using more nuanced measures, for example exploring barriers and facilitators for help-seeking in younger students specifically. A longitudinal approach would help clarify the role of attachment style in mental health help-seeking.

4.2 Conclusions

This online survey of UK university students found one in five reported experiencing severe psychological distress, over half of whom had sought mental health support in the last

12 months but only 30% were currently receiving counselling or therapy. A further third of students reported mild to moderate psychological distress (30% had sought help and 17% were currently receiving support). This suggests there may be substantial mental health needs not currently being met in the university environment. For students with psychological distress, being older, having more severe symptoms and higher anxious attachment scores predicted help-seeking. Thus, when considering ways to enhance mental health help-seeking at university, it may be useful to consider appropriate strategies for younger students and those with mild or moderate psychological distress (e.g. online support), as well as the role of more relational (attachment-related) barriers to help-seeking (although further research is required).

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Table 1. Sample characteristics and group differences for psychological distress subgroups

Variable	Total mean (SD), $n = 273$	Mild/moderate psychological distress group mean (SD), $n = 171$	Severe psychological distress group mean (SD), $n = 102$	df	F	η^2
Age	20.73 (3.21)	20.57 (2.98)	20.99 (3.55)	1, 271	1.11	-
Psychological distress	11.91 (3.98)	9.25 (1.71)	16.36 (2.38)	1, 271	816.96**	.75
Anxious attachment style	20.88 (5.28)	19.82 (5.10)	22.64 (5.17)	1, 271	19.35**	.07
Avoidant attachment style	35.29 (8.50)	33.96 (8.35)	37.5 (8.32)	1, 271	11.59**	.04
Social support	60.14 (11.28)	62.02 (11.03)	56.99 (11.05)	1, 271	13.28**	.05
Current adversity	1.99 (1.66)	1.79 (1.44)	2.33 (1.92)	1, 271	7.04**	.03
Perceived stigma	36.42 (8.20)	35.25 (8.10)	38.40 (8.01)	1, 271	9.78**	.04

* $p < .05$, ** $p < .01$

Table 2. Help-seeking in students with mild to moderate versus severe psychological distress

Help-seeking		Mild to moderate psychological distress (<i>n</i> = 171)	Severe psychological distress (<i>n</i> = 102)	χ^2 (<i>n</i> = 273)	<i>p</i>	<i>V</i>
Physical illness/complaint (last 12 months)	Yes	66.1%	74.5%	2.13	.14	.09
	No	33.9%	25.5%			
Mental or emotional health difficulties (last 12 months)	Yes	29.8%	57.8%	20.85	.00	.28
	No	70.2%	42.2%			
Receiving counselling or therapy (current)	Yes	17.0%	30.4%	6.72	.01	.16
	No	83.0%	69.6%			

Table 3. Point biserial correlations of help-seeking with psychological distress, current adversity, attachment style, social support and perceived stigma

Variable	1	2	3	4	5	6	7
1. Help-seeking (mental health)	-						
2. Psychological distress	.32**	-					
3. Current adversity	.09	.19**	-				
4. Anxious attachment style	.20**	.32**	.10	-			
5. Avoidant attachment style	.04	.24**	.11	.36**	-		
6. Social support	-.03	-.26**	-.15*	-.39**	-.49**	-	
7. Perceived stigma	.07	.15*	.05	.17**	.30**	-.24**	-

* $p < .05$, ** $p < .01$

Table 4. Logistic regression predicting mental health help-seeking in students with psychological distress ($n = 273$)

Step	B	S.E	Exp (<i>B</i>)	95% CI
Step 1				
Age (years)	0.14**	.05	1.15	[1.05, 1.26]
Gender	0.75	.38	2.11	[1.00, 4.48]
Psychological distress	0.17**	.04	1.18	[1.10, 1.27]
Current adversity	0.02	.08	1.02	[0.87, 1.20]
Constant	-5.95	1.19	.00	-
Step 2				
Age (years)	0.18**	.05	1.19	[1.08, 1.32]
Gender	0.73	.40	2.07	[0.95, 4.49]
Psychological distress	0.16**	.04	1.17	[1.08, 1.26]
Current adversity	0.02	.09	1.02	[0.86, 1.20]
Attachment style (Anxious)	0.09**	.03	1.10	[1.03, 1.17]
Attachment style (Avoidant)	-0.02	.02	0.98	[0.94, 1.02]
Social support	0.02	.02	1.02	[0.99, 1.05]
Perceived stigma	0.01	.02	1.01	[0.98, 1.04]
Constant	-9.16	2.07	0.00	-

* $p < .05$, ** $p < .01$